

REQUEST FOR SUPPORTIVE/MISC. SERVICES

NAME _____ CASE ID _____ FUNDING _____ PAGE ____ OF ____

ELIGIBILITY INFORMATION

It is a felony to provide false information in an attempt to gain assistance through federal funds. The household income and family size listed below were verified and compared to the Disadvantaged Priority Table (LLSIL) to determine eligibility. Documentation can be found in the client file.

\$ _____ (X 2) = \$ _____ @ _____ YES _____ NO
INCOME LAST 6 MOS ANNUALIZED INCOME FAMILY SIZE ELIGIBLE FOR SUPPORT

_____/_____/_____
CLIENT SIGNATURE DATE STAFF SIGNATURE DATE

☐ Eligibility not required (test fees & other)

CHILDCARE ASSISTANCE

I am attesting the children listed below live with me; there is no one else in my household who can care for them while I am engaged in WIA. NCAC has no involvement in the decision as to where my children receive childcare. I understand the length of childcare services is subject to NCAC limits, which is currently a maximum of 8 weeks or 2 consecutive months. If the start date listed below is postponed for any reason, it is my responsibility to contact NCAC staff. Payment will be in the form of a reimbursement check, which will be issued after my timesheet is approved and processed. Current rates per child, per day: Full-time under 2 yrs. - \$17; full-time 2-5 yrs. (not required to be in school) - \$15.50; part-time and children 6-12 yrs. - \$10. Maximum per day shall not exceed \$34. Reimbursement will be made for a maximum of 5 days per week and will only be allowable within 60 days from the date of documented attendance. Time and attendance documents submitted after 60 days will not be reimbursed. Payments will not be made if I fail to reply to requests for communication from NCAC staff.

NAME	SSN	DOB	START DATE	END DATE	AMT/DAY	# DAYS	TOTAL
_____	____-____-____	____/____/____	____/____/____	____/____/____	\$ _____	_____	\$ _____
_____	____-____-____	____/____/____	____/____/____	____/____/____	\$ _____	_____	\$ _____
_____	____-____-____	____/____/____	____/____/____	____/____/____	\$ _____	_____	\$ _____

TRANSPORTATION ASSISTANCE

I am attesting I need assistance in order to attend scheduled activities (i.e., workshops, job club, or training). I understand the length of transportation services is subject to NCAC limits, which is currently a maximum of 8 weeks or 2 consecutive months. If the start date listed below is postponed for any reason, it is my responsibility to contact NCAC staff. Payment will be in the form of a reimbursement check, which will be issued after my timesheet is approved and processed. Current rates per day: traveling within county of residence - \$6; traveling out of county of residence - \$7. Reimbursement will be made for a maximum of 5 days per week and will only be allowable within 60 days from the date of documented attendance. Time and attendance documents submitted after 60 days will not be reimbursed. Payments will not be made if I fail to reply to requests for communication from NCAC staff.

CHECK ONE:	START DATE	END DATE	AMT/DAY/MONTH	# DAYS/MONTHS	TOTAL
____ CAR ____ BUS	____/____/____	____/____/____	\$ _____	_____	\$ _____

MISCELLANEOUS ASSISTANCE

(BOARD/TEST FEES, REVIEW COURSES, UNIFORMS, TOOLS, SPECIAL SUPPLIES)

I am attesting I need assistance in order to complete my training program. I understand the maximum amount of assistance is currently \$500. I must be enrolled in a bona fide NCAC activity or program for at least 30 days. I will supply in writing (printed on school letterhead or in course syllabus) a separate, detailed list of the items needed, the item number and cost for each, along with the location(s) where items can be obtained. NCAC will pay the approved vendor directly in accordance with the policies and guidelines of the Metropolitan Government of Nashville and Davidson County.

LIST ITEM	DATE NEEDED	VENDOR/REIMB	COST
_____	____/____/____	_____	\$ _____
_____	____/____/____	_____	\$ _____
_____	____/____/____	_____	\$ _____
			TOTAL \$ _____

REIMBURSEMENT ADDRESS: _____